

CLINIC OBSERVATION FORM

Local Agency: _____

Reviewer: _____

Clinic Location: _____

Date: _____

Staff Observed: _____

	Yes	No	N/A	Comments
Infrastructure				
Is the space adequate and appropriate for WIC Activities?				
Is the WIC clinic handicap accessible?				
Is there privacy for income/intake, counseling & screening?				
Are the doors locked? Who has the key?				
Are file cabinets locked? Who has the keys to the cabinets?				
Is the clinic clean, safe, and well maintained?				
Office Operations				
Are the office hours posted where participants can see them?				
Is an answering machine used? When/how often?				
Are the current State Plan, MSPiRiT Manuals and Federal Regulations easily accessible?				
Describe how your staff is kept current on State Plan and Procedural updates				
Is the Authorized Retailer List posted in a visible location? Where?				
Does the clinic have a "We Take WIC Checks" sign posted?				
Are time studies submitted on time?				
Voter Registration				
Are there voter registration information/forms available?				
Is voter registration assistance offered to participants that are not registered to vote?				
Civil Rights/Fair Hearing				
Is a current Civil Rights poster displayed?				
Is a Fair Hearings poster displayed?				
Does the non-discrimination phrase appear on all distributed materials?				
Does the staff know the procedure for filing Civil Rights complaints?				
Have any complaints of Civil Rights violations been filed against the agency since the last monitoring visit?				
Records/Benefits Management				
Are all benefits accounted for?				
Have any records/benefits been disposed of during the current fiscal year?				

Were records/benefits disposed of according to the schedule in the State Plan?				
Is benefit stock stored in a secure area?				
Division of Duties				
Are instructions for the proper use for benefits reviewed with new participants? Who is responsible for this?				
Is the purpose of the WIC Program explained to new participants? Who is responsible for this?				
Do staff members review their rights/responsibilities with participants?				
Who is responsible for determination of?				
Nutritional Risk?				
Nutritional Assessment?				
Food Package Tailoring?				
Follow-up Counseling?				
Developing individual care plans?				
Printing participant benefits?				
Outreach				
Is there an approved Outreach Plan in place?				
Have you advertised/publicized program benefits in the past year? How?				
Are potential participants advised of program availability and eligibility standards? How?				
Are materials describing the WIC Program with current locations, hours and phone numbers provided to other agencies?				
Are the feeding practices recommended by allied medical staff consistent with practices currently used by WIC?				
Is local agency staff aware of any participants living in homeless facilities?				
Have you contacted homeless facilities/shelters and food banks to inform them of WIC Services? List any contacted.				
Were any assessments made of homeless facilities in your area? If so, obtain a copy of the assessment.				
Have you provided all potential referral sources with written outreach materials? When was this last done?				
Certification				
Is there privacy for income/intake, counseling and screening?				
During follow-up visits are participants asked for their ID packets before processing benefits?				
Does the clinic have a written policy for no-shows?				
Are high risk no-shows contacted for follow-up?				
Are certification no-shows contacted for follow-up?				
Is any WIC staff member or immediate family member also				

a WIC participant? How is certification and benefit issuance handled?				
Height/Weight/Blood				
Have scales been calibrated recently? Date?				
Is stature measuring board accurate and correctly mounted?				
Is length measuring board accurate and safely mounted?				
Is Hemocue clean? Date it was last calibrated?				